



RHRU

Reproductive Health & HIV Research Unit
of the University of the Witwatersrand, South Africa.



RHRU is a WHO
collaborating Centre

Establishing an Antiretroviral Clinic within the Antenatal Clinics

Vivian Black



Reproductive Health & HIV Research Unit



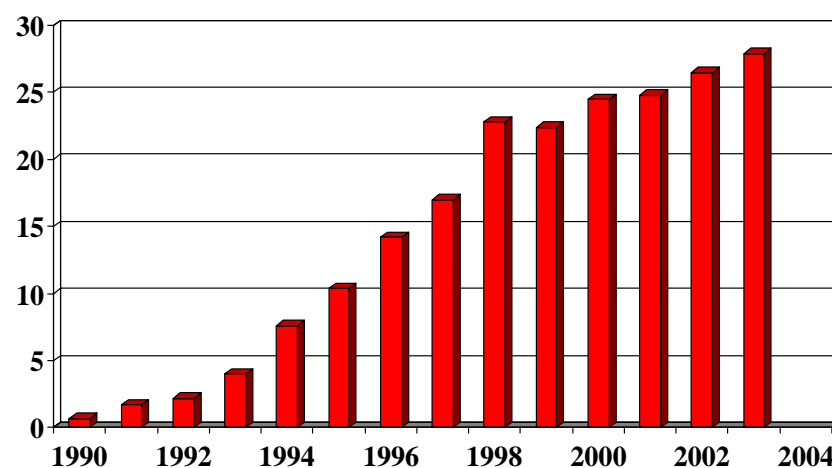


National ART Roll Out -
April 2004

Pregnant women were a
special needs group
within the ART roll out
clinic.

Initially there was a delay
between HIV diagnosis
and referral into an ART
site.

DOH annual Antenatal Clinic Data



Why do pregnant women have special needs?



- Relative haste to start ART
- Newly diagnosed HIV
- Mother and fetus need to be considered simultaneously
- Pregnancy has altered pharmacokinetics
- Nevirapine use needs close monitoring
- Fetal monitoring important
- Benefits of PMTC



Risk Benefit Ratio of using ARVs in pregnancy



Benefits

Reduced viral load

Reduced MTCT

Improved maternal health

Reduced maternal mortality

Reduced infant mortality



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Risks

- Potential teratogenic effects to fetus
- Potential carcinogenic effect to child
- Potential effect on fertility of child
- Increased risk of premature birth
- Increased risk LBW
- Uninfected children exposed to toxic drugs
- Possible increased risk of side effects
- Future resistance



Established an ART clinic in the antenatal clinic in the obstetric department

Rapid initiation of pregnant women with AIDS onto ART including close monitoring & support

Close monitoring of fetus

Training of O&G staff within the clinic and university and training of other medical personnel





184 pregnant women have
been initiated on ART
2 maternal deaths related to OI
2 patients with nevirapine
hepatitis – both are well
Most frequent OI is TB
Anaemia is common
Awaiting follow up of infants
HIV status



Program Partners



PEPFAR

RHRU

University of the Witwatersrand
Department of Health





184 pregnant women with
AIDS being adequately
treated with ART

Assume a reduction in
MTCT (awaiting
paediatric HIV results)

Training of medical staff
which is ongoing.



Program challenges

Lessons learned



Program challenges

- Need for more women to access ART
- Closer follow up of women post delivery
- Improved male participation
- Improve contraception in all ART sites
- Close liaison between adult, pediatric and antenatal clinics

Lessons learned

- Close relationship with down referral centers is important to keep patient numbers manageable
- Training of ward staff is important as many patients require admission
- Transition between antenatal clinic and subsequent ARV clinic needs to be smooth

Plans for the future



Continue current clinic

Strengthen down referral
sites

Initiate a post natal clinic
where the infants HIV
status will be confirmed
with appropriate referral,
pap smears to be
performed and
contraception initiated

